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Communications.

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

By SAM'L W. FRANCIS, A. M., M. D.,

Fellow of the New York Academy of Medicine.

No. 15.

Stephen Smith.

"Work, as believing that labor is gain."—*Queen Isabel.*

STEPHEN SMITH, now a resident practitioner of this city, was born in Onondaga county, New York State. His father, having followed agricultural pursuits as an avocation, desired his son to enter upon the same sphere of usefulness, the better to assist in supporting the family, and adding vigor to an already sturdy constitution. Accordingly young STEPHEN remained at home, and became duly indoctrinated in the mysteries of a farmer's life, practically testing its merits, and earnestly endeavoring to become first in a department that has been time-honored since the ancient days of Abraham. In the capacity of plough-boy, thrasher, and tender of his father's flocks, he rapidly grew in the knowledge of husbandry and the rearing of live stock, and continued faithful to his post till within a few months of ripe manhood, when being twenty years of age and experiencing the want of a liberal education, he felt that inward desire and thirst for knowledge which belong to genius, and acted accordingly. Up to this period, STEPHEN had only been able to avail himself of the pseudo advantages of a poor common school; and that, too, confined to the less busy months of winter. But during that time he had not wasted an opportunity, and though he could not hold valuable information within his grasp, the rudiments that formed this temporary foundation were sufficiently suggestive to enable him to see into the dim vista of hidden wisdom, the different paths to knowledge, and the road to power. At eighteen, he had learned out the school, and by perseverance and literally studying in the middle voice, (namely, I teach

myself,) had mastered many of the higher branches of mathematics, geometry, surveying, and even some of the more intricate examples of trigonometry. These latter studies were taken up, apart from school, at intervals of farm labor, or when the inclemency of the weather precluded the possibility of working out of doors.

About this time, young SMITH commenced the study of Latin and Greek, a task most difficult to accomplish, as he had no instructor, and was forced, while in the field, to make out the construction himself, and ponder over the rules he had learned. This course was conscientiously followed till the ambitious student, at the age of twenty, found time to attend two terms at the Cortland Academy, Homer, New York. So attentive was young SMITH to even the minutiae of this higher school, and so earnest was his individual application, that we find him passing his examination, at the end of that period, and entering the senior class of a literary college.

Doubtless, he would have made rapid strides in that capacity had not his elder brother influenced his susceptible mind, and caused him to abandon the literary course laid down for him and become a follower of HIPPOCRATES. Accordingly, young SMITH entered the office of Dr. CALLEB GREEN, of Homer, New York State, late Professor of Materia Medica in the Geneva Medical College. In a short time, he also attended a course of lectures in that institution, which could boast, as members of its faculty, the names of Lee, Hamilton, Hadley, Flint, Webster, and Coventry.

STEPHEN SMITH then entered the office of Professor HAMILTON, at Buffalo, N. Y., and attended his second course of lectures at the Buffalo Medical College. In 1849, he became the resident pupil in the Buffalo Hospital of the Sisters of Charity, during the prevalence of the cholera. This constant intercourse with those afflicted with that sad maledy, and the peculiar fitness of Dr. FLINT for its treatment, eminently qualified young SMITH to judge of the merits of certain remedies, and above all, avoid the theoretical maxims of inexperienced practitioners.

In the autumn of 1849, Mr. SMITH visited New York, and attended his third course at the Col-

lege of Physicians and Surgeons, where he was graduated in due form in the spring of 1850, and forthwith became Doctor of Medicine. Armed with the imprimatus of an excellent faculty, the victor of many obstacles, and the successful farm-boy of a few years back, Dr. SMITH found himself in a strange city, with legalized power to practice, and nobody to treat.

But nothing daunted, by taking, as it were, a retrospective view of the future, he became encouraged, gave up his idea of returning to Buffalo, and having visited Bellevue Hospital, became so attracted by the advantages offered the student, that he at once applied as a candidate for one of the two vacancies then existing; and, though many sought for the same place, he was fortunate enough to pass the rigid examination of the Board, and entered at once upon the responsible duties assigned to his position.

During Dr. SMITH's first experience of a Bellevue life, he became interested in the investigations of an unusual case of rupture of the urinary bladder which had come under the skill of an old medical acquaintance. It was suggested to make it the subject of ligation, and the aged practitioner addressed a letter to that effect to the Bellevue doctor. Dr. SMITH at once called in the advising qualities of the attending surgeons, and found that they were not practically acquainted with that sort of case, excepting Dr. MORR, who acknowledged that even his experience was limited to one or two, but no more. Finding out that there was a deficiency of information on this subject, and realizing the importance of the case, Dr. SMITH went through the records of the past, consulted the fathers of surgery, and perused obsolete works, with the settled determination of ascertaining all that had been said and done on the subject. His patience was rewarded, and his perseverance resulted in the collection of some fifty cases. They were at once produced in court, and caused the Judge to decide the case without the usual delay of an argument. This encouraged Dr. SMITH to go deeper into the subject, and he accordingly tabulated them, and rendered each and all easy of ready reference. Dr. VAN BURK having seen this valuable compendium, not only spoke of it in terms of the highest commendation, but so strongly urged its publication, as a sure means of preserving it from accidental destruction, that Dr. SMITH was induced to look once more into the labyrinths of the past, go over authorities again, and finally prepare a monograph* of seventy-five cases, when but a few weeks before, there was scarcely a surgeon who

could have positively asserted that more than one or two cases could be found on record. So important was this communication considered, that it was widely circulated in this country, and was subsequently translated abroad into French and German, and may be read at the present time with the deepest interest. This did much for the Doctor. It brought him in direct intercourse with the leading medical men of this city. Dr. MORR found means to express his gratification in terms of sincere praise, and Dr. PARKER at once extolled his labors, and welcomed the young surgeon to the city.

Another instance, worthy of record, occurred about this time, and may prove of benefit to those unacquainted with the facts. Dr. SMITH having charge of the lying-in wards at the time that many of the patients were the subjects of peritonitis, was requested by Professor CLARK to put his opium treatment to the test. It so happened that four cases required efficient remedies, and Dr. CLARK directed Dr. SMITH to administer nothing but opium, and push that till he produced semi-narcotism. At first, the young doctor gave it so cautiously that it exhibited no perceptible benefit. Prof. CLARK, during his next visit, having perceived Dr. SMITH's timidity, at once took him aside, and in a grave manner said, "Dr. SMITH, have you ever attended a common school?"

"Yes, sir."

"Did you ever have a teacher say to you, 'I will whip you to within an inch of your life'?"

"Yes, sir, I have."

"Well," said Dr. CLARK, "that is the way I wish you to give opium to these patients—let it be 'to within an inch of their lives.'"

The Doctor now determined to follow implicitly his instructions, and accordingly selecting two reliable nurses, he commenced to administer opium with confidence and in increasing doses. Dr. SMITH visited each patient every hour, night and day, during their treatment, and recorded each change.

The first woman yielded on taking two grains hourly; the second became so stupefied after taking three grains hourly, that he experienced no little difficulty in bringing her back to entire consciousness. The third required four grains hourly, before the opium produced the desired effect. "But the fourth," to use the words of Dr. SMITH in a letter addressed to me on the subject, "was destined to test our valor. She took 4, 5, 6, 7, 8, 9, 10, 11, 12 grains of opium hourly, before even semi-narcotism was reached. At this extreme point, the remedy was maintained for

* Published in the *New York Journal of Medicine*, May, 1851.

several days, until she took in the aggregate nineteen hundred grains without once vomiting or purging." Gratifying, indeed, must it have been to Dr. CLARK to know that they all recovered. The last woman remained in the hospital several months, attached to the kitchen. This brought about a change in the treatment of puerperal peritonitis, and formed a new era in the vital statistics, as formerly the greater number died.

On leaving Bellevue Hospital, Dr. SMITH took up his residence in New York city, and continued to contribute occasional articles to the *N. Y. Journal of Medicine*. This brought him in contact with Dr. PURPLE, editor of that medical magazine, and accordingly, in 1853, Dr. SMITH became joint proprietor with him. He continued in company with Drs. PURPLE and BULKLEY till 1857, when they both retired, and Dr. SMITH became sole editor, etc. In 1860, this old journal was changed into a weekly, and Dr. SMITH became associated with Drs. HARRIS and SHRADY, as co-editors. In 1861, Dr. HARRIS retired, and Dr. SHRADY continued to report medical lectures and the transactions of societies. When one considers the high tone of that journal, its interesting statistics, and the ability displayed in many of its critical articles, a proper appreciation of the labor involved will be felt. The *Medical Times* was a great success. The subscribers more than doubled in six months, but the war having broken out, it, like many cotemporaries, was forced to succumb, on account of expenses that far exceeded any adequate returns.

In this day of fanciful mimicry, when even those of strengthened intellect and wide experience yield to the prevailing fashion of some ruling nabob, and dye their thoughts to suit the color of an evanescent prejudice, it is pleasing to the mind and refreshing to the spirit to see one who has ever marked out honest paths of usefulness, and followed no ungainly dicta. Dr. SMITH has been stern with himself. Of a naturally kind disposition, and ready to further the advances of those beneath him in the walks of a professional life, he has still remained true to conscience and unbiassed in his actions. Calm in his demeanor, and almost retiring in his outward character, there still burns within his breast a fervent love of knowledge, and most praiseworthy desire to excel, attributes that find congenial sympathy in every student's heart, and meet with cordial plaudits from the old in learning. Each year marks advancement in the Doctor's skill, and finds him richer in the science of his much-loved art.

When a youthful farmer is seen studying the works of learned authors during that portion of the day which is generally set aside for relaxation and pleasing pastime, one may easily predict for him ultimate success in the branch of life that he may choose, providing he follows out the higher instincts of his nature. The same zeal that caused STEPHEN SMITH, farmer, to study at the risk of ease, and meet fatigue of body with the energies of mind, has ever marked his course in after years. Possessed of an executive ability, the birthright of few medical men, the Doctor has hunted down a thought to its very origin, exhumed defunct cases, and revived statistics to prove his assertions. By this means one is enabled, while perusing his works, not only to learn what is best as a sure means, but the errors of the past are unfolded in a succinct and graphic manner; so that while the fancy is enchained by lucid writing and interesting statements, memory is neither overburdened by the dry details of skeleton certitudes, nor embarrassed by the heterogeneous compilation of ancient superstitions.

In 1854, Dr. SMITH was duly elected one of the attending surgeons to Bellevue Hospital, which responsible position he has continued to hold ever since—performing all the operations that came under his personal supervision during that time, and in many instances freeing the afflicted and poverty-stricken patients from annoying ailments and alarming troubles. It has been his custom, like his associate surgeons, to perform the more serious operations in the presence of visiting students, when time would permit of delay. On those occasions, his conciseness of expression and quiet self-possession were evident to the beholder and congenial to the listener. Dr. SMITH appreciates the sufferings of a patient while under the knife, and uninfluenced by any anæsthetic agent, and agrees with those who entertain the opinion that it is better to lecture before or after cutting human flesh, and not while the agonized patient is writhing under prolonged torture, or held still while gaping wounds are coldly commented on, at the expense of suffering not in any way necessitated by any law of reason, justice, or rare charity.

The Doctor tied the common iliac artery for aneurism; and next to Dr. CARNOCHAN, performed the first Symes' amputation at the ankle-joint in this country, and has repeatedly performed it with uniform and excellent success. As an operator, he is confident without being presumptuous, neat without being fastidious, and careful without being timid. Ever ready to listen to the

suggestions of those best qualified to give advice, yet so thoroughly versed as to the anatomy of relation and constitutional treatment, that hints are rare and satire unknown.

Dr. SMITH was among the first to propose the organization of Bellevue College, and ever since its foundation has formed one of its faculty. He held the chair of the Principles of Surgery until recently, when the sad suicide of Dr. CHILDS, a man of distinguished ability, left vacant that of Anatomy, to which he was formally transferred. As a lecturer, Professor SMITH compares favorably with those around him. He believes that, in didactic discourses, the shortest distance between two given subjects renders the process of remembering more facile to the mind, and brings the man who speaks nearer to his earnest auditors.

During the winter of 1861-62, Dr. SMITH proposed to BALLIÈRE the idea of publishing a handbook of operations for the benefit of surgeons in the field, and otherwise on duty. The Doctor saw the necessity for such a work, and meeting with an immediate response, proceeded at once to prepare the work, and superintend the engravings that were to accompany it, and this, too, while attending private patients, delivering his course of surgical lectures at Bellevue College, and visiting, on the appointed days, hospital patients. This excellent *vade mecum* proved a great success, and though it appeared about the 1st of May, 1862, met with so rapid a sale that it has gone through five editions, and is now out of print. Many an acting surgeon can bear testimony to the importance of the surgical aphorisms contained in this work, and not a few have derived additional aid from the excellent wood-cuts that adorn the pages, and place at once before the mind's eye the position of parts and the appearance of wounds. No one who has read this manual would fail to retain it.

Even when a student, in the office of Professor HAMILTON, Dr. SMITH became very much interested in the subject of "the legal responsibilities of medical men," and particularly as regards the abuse of power in suits for malpractice. This subject has grown upon him, and ever since, he has never omitted an opportunity to collect facts, lay aside for future reference reports of cases, trials for alleged poisoning, neglect of doctors, or the want of knowledge—in fact, all that he could obtain from the records of the court. This has been done with a view to eventually publishing a work illustrating this branch of medical jurisprudence, and certainly the importance of the subject and the success of Professor HAMILTON's statistics of fractures for the same purpose, will

urge him on to a satisfactory completion of what he has undertaken. Already, the Doctor has on file and properly arranged for immediate consultation, not fewer than five hundred cases, embracing every operation in surgery, obstetrics, the administration of every kind of medicine, etc. etc. It is his earnest desire in this book to establish satisfactorily to both the practitioner of law and medicine what is malpractice, and what is not; and also to define beyond dispute the exact relation between doctor and patient. The importance of this undertaking can only be appreciated by those who have perused the accounts of such cases, or been individually interested in their termination. Let a standard once be fixed, that shall govern, beyond appeal, doctors and lawyers, and time, reputation, and expense will be saved. The material has already proved so abundant that Dr. SMITH has determined to divide it into two volumes; the first devoted to surgery, and the second to obstetrics, medicine, specialties, dentistry, druggists, etc. Some ten years since, he sent out a circular and obtained very valuable information, which will appear in due course of time. The most important questions concerning which the Doctor desired to receive answers, were as follows:

1. Names of parties to the suit; court in which case was tried; presiding judge.
2. Date of trial.
3. History of the case, in the treatment of which malpractice was alleged, as nature of disease, injury, etc., complications, treatment, results, etc.
4. Testimony brought forward on the trial; opinions of experts, etc.
5. Opinion, and charge of Judge.
6. Verdict, etc. etc.

It would be well if any one who may peruse these pages should see fit to forward answers to the above questions, and thereby assist in rendering as complete as possible the labors of a distinguished physician.

Dr. SMITH was married, in 1853, to a daughter of E. D. CULVER, Esq., of Brooklyn, Long Island, N. Y., then City Judge, and at the present time United States Minister to Venezuela, South America.

It was mainly due to his energetic suggestions that the Medical Journal Library was established in the city of New York, and every day its value is becoming more and more realized.

In 1865, Dr. SMITH made a thorough investigation of the sanitary condition of New York city, particularly the back streets and poorer style of accommodations, and in his official report before

the joint committees of the Senate and Assembly, Feb. 13th, enlarged on the causes of disease and death, the necessity of a conscientious inspection, and finished by making some practicable and very feasible suggestions regarding a model health-board. It was listened to with marked attention, and published in the *New York Times*, and is destined to accomplish much good.

TENACITY OF HUMAN LIFE AS SEEN IN CASES OF GUNSHOT INJURIES.

BY THAD. L. LEAVITT, M.D., A.A.S., U.S.A.

(Continued from page 206.)

CASE No. 8. Capt. Adam Graham, Co. I, 12th Ga., æt. 35 years, received a gunshot wound July 12th, 1864, during the raid upon Washington, D. C., perforating the right carpus, and so lacerating and destroying the joint, that immediate amputation was deemed necessary, and the circular operation performed at lower third of the forearm, on the field, by rebel surgeons. At the same time, he received a gunshot fracture of both tibia and fibula of right leg, the ball not passing through, but being spent, rebounded and fell into the boot, from which the patient states it was taken.

Being much prostrated, and the weather very warm, it was thought advisable to attempt to save the leg, although the bones were extensively shattered. The only operation admissible, that of cutting down upon the bone and removing all loose fragments and spiculae that by their presence might irritate the tissues and delay union, I succeeded in performing satisfactorily without the loss of any amount of blood.

The leg was then placed upon a wide board, with sand bags at the sides to retain the limb in position, and a heel-piece to keep up extension, the whole apparatus arranged in such a manner as enabled the limb to be elevated, if desired, and its entire surroundings removed without disturbing the position of the leg, thus facilitating the dressing, which consisted of oakum, charpie, water and dry dressings, stimulating poultices, as required.

July 26th. Erysipelas attacked the leg. Tr. ferri chlorid., gr. xv., every two hours, directed to be taken. The stump is healing nicely, no appearance of erysipelas here. Patient's mind remarkably composed, quiet, and cheerful.

July 27th. Erysipelas fading out.

July 29th. Added quiniæ sulph., gr. j., to tr. ferri chlor., every four hours.

July 31st. Improving. Appetite better, wound in leg suppurating considerably.

Aug. 6th. Leg doing well, granulations healthy, and but slight discharge of pus.

Aug. 12th. Recovery very slow and tedious, general health good.

Aug. 26th. Doing well, stump nearly healed; but small opening in leg for slight discharge, comparatively inodorous.

Being ordered to another department at this time, I was unable to follow up the history of this case, but have since heard from his surgeon in attendance that his recovery was complete.

CASE No. 9. F. S. Hardy, æt. about 30 years, Co. B., 30th N. C. Sharpshooters, was wounded at the battle before Washington, D. C., July 12th, 1864, while lying behind the corner of a frame dwelling-house opposite Fort Stevens, and in the act of firing, (at long range.) The ball passing through the angle of the house, struck and shattered the left radius at about its middle third, crossing over and entering the right forearm, comminuted the ulna at its upper third, and remaining lodged. An exsection of both bones was performed on the field by rebel surgeons, the arms placed on straight splints, and in this condition the patient was received in the hospital, July 14th, 1864, suffering a great deal from the tightness of the bandages, the parts swelling considerably. It is impossible to ascertain whether the ball has been removed or not, as the man was etherized at the time of the operation, and remembers nothing about it. Applied a loose water dressing, merely sufficient to keep the bones in position. Patient perfectly helpless, requiring constant attendance.

July 16th. Both arms doing well.

July 18th. Attacked with diarrhoea, which he states he had previous to being wounded.

R. Acid. tannic.,	gr. v.
Opii pulv.,	gr. ½
Quiniæ sulph.,	gr. j.

in pill every four hours. Milk diet and lemons constituted the treatment.

July 20th. Diarrhoea much better, about twelve stools in twenty-four hours, formerly eighteen and twenty.

July 24th. Diarrhoea checked. Doing well.

July 27th. Complains of pain in right arm, found appearances of formation of an abscess on inner edge of biceps. The exploring needle revealed pus, and the probe the presence of a foreign body, which I removed, and it proved to be the bullet, very much battered and irregular.

July 28th. Doing well on iron and quinia.

July 29th. Erysipelatous condition of left forearm; right upper extremity looks healthy.

Aug. 2d. Gangrene in the ward. Patient removed to the corner furthest remote from this fearful scourge.

Aug. 3d. The precaution useless. Right arm attacked at point of incision. Bromine immediately applied, and stimulating poultice.

Aug. 5th. Gangrene arrested. Wounds look well.

Aug. 7th. Sloughing again; removed large mass of decomposed tissue from right forearm, other wounds looking well.

Aug. 8th. Granulating nicely under the influence of the bromine dressing.

Aug. 12th. Gangrene again attacked the right arm at point of incision, spreading fearfully during the night; extends to forearm, implicating a distance of at least six inches in length by from four to five inches in breadth. Left forearm still looks well.

Afternoon. Still spreading. Bromine used with no success. Left forearm begins to show faint traces of discoloration.

Evening. True hospital gangrene now exists in both arms, spreading with fearful rapidity, and defying all treatment. Patient much prostrated and emaciated, the effects of the diarrhoea.

10 P. M. The pulsation of the brachial artery plainly perceptible, the coats of the vessel apparently only intervening. A tourniquet placed high up in the axilla, ready for use, if required.

Aug. 13th. Secondary hæmorrhage occurred this morning, about 8 o'clock, from the right brachial artery, but was promptly checked, and the artery tied.

Afternoon. Secondary hæmorrhage took place about 2 o'clock, in the other arm, from one of the muscular branches of the radial artery, the per-sulphate of iron arresting the bleeding.

Evening. Brachial artery sloughed through at point of ligature, and a severe hæmorrhage followed, the blood being in a defibrinated condition, all efforts at forming a clot failed.

Aug. 4th. Patient died during the night from sheer exhaustion, after having wonderfully resisted previous attacks of gangrene and erysipelas, and outliving a bad chronic diarrhoea.

With the history of this case I finish my paper, and trust I have placed on record an account of gunshot injuries that prove the power of the human frame to resist injury, and the wonderful efforts of nature to sustain the spark of life, though at every hand depressing agents and extensive lesions seem combined to quench its feeble existence.

It is estimated that from 40,000 to 50,000 have died from cholera in Constantinople and the neighboring villages during the last two months.

Hospital Reports.

PHILADELPHIA HOSPITAL,
October, 1865.

MEDICAL CLINIC OF DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

Ascites with Anasarca of the Lower Extremities.

Margaret C., æt. 38; domestic. This patient was first admitted to the Philadelphia Hospital in January, 1865, suffering from general anasarca produced by exposure to cold and heavy labor. She remained in the hospital under treatment six months, and in August last was discharged, sufficiently improved to go about her usual avocations.

Two days ago she was readmitted, enormously distended by serous effusion into the peritoneum, and also into the cellular structure of the lower extremities. You will observe that there is considerable dyspnoea, an entire loss of appetite, and her tongue indicates, by its fissures and deep color, a highly inflamed condition of the alimentary canal.

By auscultation we find no abnormal condition of the heart. Her urine is abundant, though high colored. The usual test reveals no albumen. We must therefore look to the liver, as the cause of all this derangement of the natural functions.

The prognosis in this case, gentlemen, is very unfavorable. Death will soon relieve the patient of her sufferings, in spite of all our efforts to the contrary. We can only hope to benefit by directing our treatment to the comfort of the patient. A gentle diuretic of bi-tartrate of potassa, in an infusion of juniper berries, will be administered with an anodyne at night.

Oct. 13th. This patient died last evening.

Autopsy. Abdomen very much distended. Upon opening this cavity, a layer of lymph was found covering and entering between the convolution of the intestines. Over the whole of the parieties there was a layer of old false membrane, about an eighth of an inch thick. This also covered the liver, spleen, and part of the stomach. The liver was firmly bound to the diaphragm, by old and very strong bands, some of which were larger than a goose-quill. Liver contracted and cirrhotic. Gall-bladder almost obscured. Spleen same condition externally as liver. Thorax, on the left side, strong pleuritic adhesions; on the right an old, very strong and tough false membrane, and the lung pressed back by a pleural effusion; there was about one and a half pints of fluid in the cavity.

"Starvation Fever."

Oct. 16th. Frances R., colored. No history. When admitted, Oct. 5th, she was delirious; pulse 110; answered questions imperfectly, and had an expression of countenance indicating fear. This patient is a good example of a peculiar form of fever to be found among the colored people who inhabit the lower portions of the city. It is caused by exposure to cold and starvation. At first the pulse is usually quick but feeble—respi-

ration subdued—pupils dilated—quiet delirium, and some tenderness of the abdomen, though not as well marked as in ordinary typhoid. As the disease advances, all the symptoms indicate a partially disorganized condition of the blood.

The prognosis in this peculiar form of fever is usually favorable, provided the patient is speedily removed to more comfortable quarters. Many patients recover with little or no medical attention. You will find that in all low forms of fever, good nursing is equally important with good doctoring. The patient must be kept quiet, in a warm but well-ventilated room, while a stimulating and tonic course of treatment is rigidly enforced. Beef essence, mutton broth, and milk punch should be administered freely. In addition to this general treatment, this patient is having drachm doses of tinctura cinchonæ composita every three hours.

Acute Rheumatism.

Thomas C., æt. 21, was discharged from the army ten weeks ago, after having served one year, during which time he enjoyed good health. Two weeks ago he was suddenly seized while in bed with severe pain in the left knee. Upon examination we find marked swelling of both knees, accompanied by high fever; you will observe how he shrinks from the near approach of my finger; even the most delicate touch causes him to shriek with pain.

This disease has been divided for the sake of convenience, into acute and chronic rheumatism; the former coming on suddenly, passing through certain stages, and finally ending in complete resolution, or in chronic rheumatism, in a period of from eight to ten weeks. The latter continues indefinitely, unless checked by remedial aid.

There has been much discussion as to the cause of rheumatism, and had we more time, it would be interesting to mention briefly the different theories that have prevailed from time to time. We believe that it is a peculiar poison in the blood, manifesting itself more especially in the fibrous tissues of the joints. It is sometimes difficult to diagnose true from gouty rheumatism without the aid of chemistry. In the former we find more or less uric acid, while urate of soda predominates in the latter. In the patient before you we have a good example of acute rheumatism. He retired at night apparently well, but was aroused from sleep by the severe pain which has continued up to the present time. We now find considerable fever; profuse diaphoresis, with acid reaction; tongue moderately coated; pulse full and bounding; bowels open, with restlessness at night.

In the treatment of rheumatism, almost every article of the materia medica has been tried, with more or less success. At the present day, the saline treatment is considered the most effective. When you are called to the bedside of a rheumatic patient, and find the tongue coated, it will be well, before commencing with the salines, to prepare your patient by a little preliminary treatment. Administer, during the first twenty-four hours, small doses of blue mass, or calomel, followed by neutral mixture, and a full dose of Rochelle salts. As soon as the tongue begins to lose its darkness, commence with the nitrate of potassa, and

give from ʒij. to ʒss. in flaxseed tea during the day. Keep the patient well covered with warm blankets, wrap the limbs with cloths soaked in hot oil and camphor or turpentine, surrounded by oil silk. For nourishment, give farinaceous diet; no red meat should be allowed. Suppose you have a rheumatic patient from gouty antecedents, it will then be necessary to combine wine of colchicum with your other remedies. Small blisters near the joints have been serviceable in many cases. Occasionally, we meet with rheumatism from a syphilitic cause. In its treatment we must remember its specific character, and treat accordingly.

Typhus Fever.

Wm. Y., æt. 26. Ten days ago, while in a profuse perspiration caused by working before a hot furnace in a rolling mill, he went out to cool off, and at the same time drank a large quantity of cold water. Very soon after, he experienced a severe chill, which obliged him to leave his work. The next day, he had a good deal of fever, pain in the head, back, and limbs, which has increased to the present time. He is now very drowsy and partially delirious. This case presents some peculiar features, and leads you to ask—is there any distinction between typhus and typhoid fever? The medical profession of England maintain that there are no peculiar symptoms in the one differing essentially from those of the other, while in France and this country the opposite theory prevails.

I will briefly mention the commonly accepted diagnostic symptoms of the two fevers, and then call your attention more particularly to those presented by the case before you. Typhus fever is very contagious, and liable to attack persons at any period of life; the pulse is quick, but soft and feeble; skin dry and hot; respiration accelerated, with more or less pulmonary congestion; great dulness, stupor, and prostration of the mental faculties; suffusion of the eyes and dusky red aspect of the countenance. We have no constant condition of the bowels, though in a majority of cases costiveness prevails; tongue reddish-brown and fissured; there is a peculiar eruption on the skin found in all parts of the body except the face, which does not disappear on pressure.

Typhoid fever is non-contagious and is confined to the middle-aged; pulse not so frequent as in typhus; capillary circulation languid; respiration labored; slow development of the nervous symptoms, and not so well marked as in typhus; epistaxis; dark-brown tongue; sordes about the mouth and gums; diarrhoea, with marked tenderness in the right iliac fossa; rose-colored spots, limited to the abdomen and thorax, which make their appearance about the seventh day and disappear on pressure. These are the chief distinctions between typhus and typhoid fever. In the patient before you there is such a combination of symptoms as to make it very difficult to classify them exclusively under the one head or the other. You will observe that he is in a drowsy state, with considerable deafness, though no positive heavy delirium; nostrils filled with an exudation of blood; effusion about the eye; tongue dry and polished; feeble but quick pulse, (120.) I wish particularly to call your at-

tention to the rash, dark and diffused over the whole body; does not disappear upon pressure. This patient also has tympanitis with looseness of the bowels, which is unusual in typhus.

Treatment. Let me impress upon you the importance of keeping your patient in bed, perfectly quiet. Do not allow him to sit up or get up, on any consideration whatever. Have the patient sponged frequently with tepid water, vinegar and water, or bay-rum, and see that the room is kept well ventilated. In the treatment of typhus fever, it is of vast importance to nourish and stimulate the system of your patient, so that it may resist the great prostration which always follows.

Administer freely milk punch, wine whey, beef tea, and arrowroot. Small doses of quinia in combination with camphor and opium will be found serviceable. When there is a general dryness of the tongue and mouth, no remedy affords more satisfactory results than turpentine, in doses of about ten drops every two or three hours; but it must be watched. Do not continue until the bladder is affected. Resort early to cold applications to the head, and small blisters behind the ears, and watch particularly any of the complications which may arise, and treat them as in ordinary cases.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

(Continued from page 285.)

Wednesday evening, Sept. 13th, 1865.

SUBJECT FOR DISCUSSION—TYPHUS FEVER.

Dr. CONDIE remarked that, having just recovered from a severe cold, which had left him very hoarse, it is very probable that, in opening the subject for the evening's discussion, his enunciation may not have been sufficiently clear to cause to be fully understood everything he had said. Whether from this or some other cause, it is very certain that he had been misapprehended. Thus, notwithstanding he had commenced his remarks by a definition of typhus fever and an outline sketch of its proper symptoms and course, with the evident intention of including no other fever in his conception of typhus, excepting such as would come within the definition and description given by him. He has been called to account by the gentleman who opened the discussion this evening, because he had given no account of typhoid or enteric fever, of the so-called spotted fever, nor of other fevers of a low or typhus type. Pursuing a strictly logical course, the gentleman, instead of complaining that he had said nothing of what he had formally excluded from his theme, he should have attempted to show that the definition and description of typhus fever given by him were too restricted, inasmuch as they should have included the phenomena of enteric, relapsing, spotted, and other low fevers, if he supposed these, to be strictly speaking, were varieties of typhus fever. The gentleman com-

plained also, that he had taken no notice of what has been termed congestive fever, in which death often takes place in a few hours, with not the slightest attempt at reaction. Without using the term congestive fever, for which he has no great fancy, it is still very certain that it was very especially noticed by him that occasionally, in the preliminary cold stage of typhus fever, death often occurred suddenly, attended with venous congestion of the central organs.

He denied the identity of typhus and typhoid fevers. He believed that any individual who will study his fever cases thoroughly at the bedside, will be able to distinguish very readily these two forms of fever. They run a different course and are marked by different symptoms. They may, it is true, both occur at one time in the same individual.

It would be wandering from the subject under discussion to speak of spotted fever on the present occasion. The disease so-called is by no means identical with what he considered true typhus fever. It would be no difficult matter he believed to show, had he the time, that under the appellation spotted fever essentially different diseases have been included. With a certain class of medical practitioners, a new name, or one not familiar to them, especially if it has been used to designate a severe and fatal disease, soon becomes particularly popular, and hence in our bills of mortality a larger number of deaths are, it is very certain, registered as having occurred from such diseases, than a more close and accurate diagnosis would have warranted. Typhus fever has recently prevailed to some extent in certain crowded and unclean localities within our city, nevertheless a close investigation of our bills of mortality will most certainly show that they exhibit a much larger number of deaths from typhus fever than has actually occurred.

In introducing the subject of discussion for the evening, his desire was to distinguish clearly what he considered to be true typhus fever from all the other diseases which have been classed with it by certain writers. He had written but a short paper, and of what he had written he read but about two thirds; because the evening was rapidly passing and his hoarseness rendered it painful for him to exert his voice.

In respect to the use of alcoholic stimulants in the treatment of typhus fever, Dr. CONDIE remarked: that he was a tee-totaller so far as regards the use of alcoholic liquors as a beverage; he neither used them himself, nor would countenance their use in others. But how he was to treat typhus fever successfully without employing alcoholic stimulants as a medical agent, he did not know. He would be happy certainly to be taught how to cure the fever in question without their use.

In reference to the occurrence of petechiae in other diseases than typhus fever, he was well aware that they are liable to occur in any protracted malady which tends to impair to any extent the vitality of the blood. His friend, Dr. COATES, he remarked, had called him to account for using in a very loose sense the term poison, by applying it to the morbid condition of atmosphere generated in crowded, ill-ventilated and filthy

apartments. That under such circumstances, a something is generated capable of deranging the healthy functions of such as are exposed to it, and capable of extinguishing life either immediately or remotely. If this is not a poison I know not what it is. That he was unable to present this poison in a substantial form, or test it by chemical agents, is no proof of its non-existence, so long as we know by its poisonous effects upon the living organism that it does exist in certain places under certain circumstances. An English writer has given this poison, or rather to the disease produced by it, a Greek name (*oehesis*) which indicates its origin from the crowding together of human beings. That the poison is material, Dr. CONDIE had no doubt; otherwise how explain its adhesion to walls, to persons, to clothing, etc. To prevent the occurrence of typhus fever in certain old hospitals no other plan has been found to succeed, save the entire removal of the plastering from the walls of the wards and the replacing it with new. If his memory served him aright, in one instance, at least, the laborers employed in removing the infected plaster from the hospital walls were attacked with fever, of which some died.

He would mention in this connection the very interesting fact that when entire ship's companies among whom typhus fever had made its appearance, have been removed from on board and placed under a large canvas tent erected in the open air, no new case of fever—no spread of the disease, no further mortality occurred among them.

By the last volume of transactions of the Epidemiological Society of London it is, we find, now admitted, that a poisonous emanation arises from old privies—such as have been long used, and are at the same time badly ventilated and foul; especially when a large number of such privies are congregated together in densely populated neighborhoods. This emanation deteriorates in a great degree the health of those individuals who are exposed to its influence, and it is liable to produce in them a very bad form of typhus fever. Notwithstanding these facts would seem to be well established, nothing is as yet known as to the nature of the emanation referred to, and yet, in as much as it produces an injurious impression upon the human system, undermining its health and not unfrequently destroying its vitality, Dr. C. believed that he was not using language in an unwarranted sense when he denominated the emanation a poison, for any agent possessed of similar deleterious properties is a poison, according to the definition of our common English dictionaries.

Dr. ANDREW NEBINGER remarked:—I think the society is deeply indebted to Dr. CONDIE for the very excellent and suggestive paper which he has just read. If there was any one feature of his paper which more than another attracted my attention, and which I thought to be worthy of perhaps more positive consideration than any other fact, it was that typhus fever is dependent upon local causes. If that is a fact, then it is one, the importance of which can hardly be adequately estimated. If typhus fever is dependent upon local causes, the probabilities are that at any time and at all times, under the direction of the

properly constituted public authorities, it is capable of being subdued almost immediately after it presents itself, or, what is a great deal better, it may be competent to prevent it entirely. I think there is a great amount of truth in the proposition, if it is not itself absolute truth, that typhus fever does depend upon a local cause; and the chances are, Mr. Chairman, that many of those dreadful scourges which we call diseases, do depend upon local causes; and it only requires an enlightened public authority to grapple with the causes in part productive of those diseases, in order to prevent humanity from being scourged and the grave filled with so many victims of those maladies.

I recollect distinctly, that years ago a sanitary commission was originated in the city of New Orleans by the municipal authorities for the purpose of determining the causes productive of yellow fever, and suggesting some means by which that disease could be prevented. Dr. Barton, if my memory serves me right, was the chief of that commission, and made a learned and very elaborate report in regard to the matter. In investigating the causes of yellow fever, not only in New Orleans but elsewhere, the facts which he collected led him to this conclusion; that yellow fever was dependent upon two causes—filth, and a temperature ranging for a long period at eighty degrees, with a large amount of moisture in the atmosphere. He formed charts of various places, and dotted down upon those charts the localities in which yellow fever sprang up; where it first sprang up being marked "1," where it next appeared "2," and so on. He drew another chart of New Orleans upon which was dotted down the filthy localities of the city. Between those two charts there was the most remarkable coincidence as to particular localities, the most filthy places in New Orleans being invariably those in which the yellow fever had appeared earliest, and where it had prevailed in its most malignant form.

Now there was something very definite arrived at by that investigation. The public authorities of New Orleans could not control the temperature of the atmosphere, nor could they regulate the amount of moisture in it, but they could control that other equally essential attribute of health, cleanliness, by removing the filth of the city by drainage. Enlightened by the report thus made, they set themselves to work in the matter, and, to a certain extent, rid the city of some of those pest places; and from that time until now, I think, yellow fever has not prevailed in New Orleans to the dreadful extent that it had previously. Apply that fact of the dependence of disease upon local causes in the case of typhus fever, and you will find in it perhaps something of practical importance.

And I may here mention a circumstance which came under my personal observation, and which bears out very conclusively, at least as far as a single fact can do so, the correctness of the Doctor's declaration, that "typhus fever is dependent upon local causes." I say, apply that fact of the influence of local causes in the cases of disease generally, and you may obtain results of immense consequence in a sanitary point of view in ridding us of that scourge which is threatening, every day

and every hour of the day, to become of terrible importance in the city of Philadelphia. Look over your bills of mortality, and you will see five, six, or seven cases of death from typhus fever reported weekly. Why, sir, I recollect when you might look over the monthly reports of deaths and not see as much as a single case of typhus fever reported. The disease seems to be mounting up. And if dependent upon local causes, it is highly important that the matter should be looked after, and those causes removed. But it may not be *malapropos* for me in this connection to give you the details of a circumstance to which I have already adverted. I attended three cases of typhus fever, those of a mother and her two children, which sprang up in a house in Seventh street above Shippen. The locality is neither very elegant nor cleanly; but I do not think that in the house itself there was anything productive of the disease with which the inmates suffered. Immediately adjoining that house, however, is an establishment crowded from the cellar to the roof with old rags and like matter. The query is at once suggested, "did those persons who worked in that establishment take typhus fever?" and that I will proceed to answer. Remote from that establishment, as far away as Washington avenue below Seventh street, resided the family of the gentleman who carried on the rag business in that place at Seventh and Shippen streets; and the chances are that not a single member of his family ever visited that establishment, though he, of course, transacted his business there from early morning till late evening. Did anybody take typhus fever in his house? Yes, sir; his wife took it and died. An interesting little girl, the very picture of health, some fifteen or sixteen years of age, took the same disease, and in the course of six or seven days, passed from time to eternity. The gentleman himself took typhus fever, but recovered.

Now, sir, does not that look as though typhus fever did depend upon local causes? And such being the case, is it not important that the public authorities should turn their attention to the subject, and, as far as possible, provide a remedy by forbidding the storage of rags, and by making such other sanitary regulations as may be required. "But it is an infection," says the Doctor, and that is correct. The keeper of that rag store was not the first to take the disease, but he carried this poison (that is the proper expression, sir)—he carried the *poison* from Seventh and Shippen streets to Washington above Seventh; he carried it to his home, and sowed the seeds of death around his domestic hearth. His family did not go to his store to obtain it, but he carried it to his home in his clothing, and there left it, and they were destroyed by it.

Now, sir, the public authorities have a duty to perform in this matter. We have an institution in this city whose special business it is to look after these matters; but I must declare, after my experience in that line, that such an institution is becoming considerably more ornamental than useful—ornamental, sir, not useful. I speak by the book; I have had some experience in regard to that matter. South of my residence is an immense establishment which is continually belching

forth volumes upon volumes of pestiferous gases; gases which are generated from the refuse of slaughter houses—not the slaughter houses of Philadelphia either, but of Chicago and New York—gathered together in this depot. Tons upon tons, and wagon loads after wagon loads of this offal are brought here; and if you should chance to get behind one of those wagons, you would immediately grow sick from the offensive odor emanating from them. And yet, notwithstanding this, after I had called the attention of the Board of Health to the condition of things, and a committee of that Board had visited the neighborhood, the question put to me was, "Can you prove that this establishment is detrimental to the public health?" But when they made their visit, they put their handkerchiefs to their noses for the purpose of keeping out the offensive odor; and the very gentleman who asked me that question told me he would not live in the neighborhood under any consideration. No inducement would cause him to live there, and yet the question was put to me, "Can you prove that this establishment is detrimental to the health of the neighborhood?" How far that establishment is instrumental in creating disease I cannot tell; but one thing is certain, that the atmosphere is being vitiated. It may be that while that vitiated atmosphere is not of itself calculated to produce typhus fever, yet it is so calculated to injure the health, that when the system comes in contact with disease it is less able to resist an attack successfully than it would have been had such foul gases not been daily and hourly inhaled.

So much for the dependence of typhus fever upon local causes. In regard to the treatment, I do not think that a single word more than Dr. CONDIE has said upon that subject need be uttered. His remarks in regard to personal cleanliness and clothing were very appropriate. And, in this connection, permit me to refer again to the case of the three patients in Seventh street near Shippen, who were attacked with typhus fever. The children were attended by a nurse, who, after having finished her labors went home to rest. In eight or ten days afterwards, the disease seized upon her also and she died. Here then were seven cases of typhus fever which, I think, can be fairly attributed to the spread of the poison produced in that rag establishment to which I have referred. If cases of this kind could be made positive to individuals of intelligence, having control of an organization whose business it is to attend to public hygiene, it seems to me they would not be long in devising some plan by which such an establishment might be purified, and the health of the people in the immediate vicinity improved.

As I said before, in regard to the treatment, I do not think anything better could be adduced than what Dr. CONDIE has said in regard to that matter.

In relation to stimulants, I have to say with the Doctor, that I have used them freely, and, as I hope, judiciously.

Adjourned.

Large Fees.

M. NELATON received 400,000 francs for his professional visit to the late Czarewitsch.

OVARIOTOMY.

From the *Dublin Medical Press* we condense the following twelve cases, originally published in the *Lancet*, by Dr. I. BAKER BROWN:

CASE.	NATURE OF DISEASE.	DURATION.	TREATMENT.	RESULT.
1	Multilocular ovarian dropsy. Age of patient 20 years.	12 months.	Ovariectomy.	Recovery.
2	Ovarian dropsy; doubtful diagnosis. Age 31 years.	5 years.	Exploratory incision; extirpation.	Recovery.
3	Multilocular ovarian dropsy. Age 47 years.	5 months.	Ovariectomy.	Recovery.
4	Multilocular ovarian tumor. Age 21 years.	15 months.	One previous tapping; ovariectomy.	Recovery.
5	Multilocular ovarian dropsy. Age 44 years.	2½ years.	Ovariectomy.	Death in 90 hours, from low form of peritonitis. No secondary hæmorrhage. Heart hypertrophied, and valvular disease.
6	Ovarian dropsy. Age 41 years.	10 years; soon after attack of scarlatina.	One tapping, and ovariectomy.	Recovery.
7	Multilocular ovarian dropsy. Age 50 years.	18 months.	Ovariectomy.	Recovery.
8	Ovarian dropsy. Age 51 years.	2½ years.	Ovariectomy.	Recovery.
9	Multilocular ovarian tumor. Age 25 years.	7 months.	Tapping, ovariectomy, (extensive adhesions.)	Death from internal hæmorrhage, 27 hours after the operation. The bleeding vessel, deep down between the uterus and rectum, could not be reached with cautery or ligature.
10	Multilocular ovarian tumor. Age 33 years.	6 years.	Ovariectomy.	Recovery.
11	Dermoid ovarian tumor, containing true bone, cartilage, hair, fat, and a quantity of stearine. Age 17 years.	6 months.	Ovariectomy.	Recovery.
12	Multilocular tumor of both ovaries. Age 30 years.	2 years.	Extirpation.	Recovery.

Of these 12 patients, 9 were single; 2 married; 1 condition not stated. The periods of recovery, (healing of the wound,) in those who recovered, ranged from one to five weeks. The *actual cautery* was used to stop the bleeding vessels, and in nearly every case the pedicle was divided by the *actual cautery*.

The following cases, operated upon by Dr. WALTER BURNHAM, of Lowell, Mass., are reported in the *Boston Medical and Surgical Journal*, by Dr. G. L. COLLINS, of Providence, R. I.

1. Mrs. W., age 26; married 4 years; tumor multilocular, existed 5 years; ovariectomy; recovery.
2. Mrs. C., age 48; married 22 years; double ovarian dropsy, multilocular, existed 6 months; ovariectomy; recovery.
3. Mrs. C., age 45; married at 23 years of age, widow 9 years; tumor fibroid, of uterus, has existed 12 years; *the whole of the uterus, together with the ovaries and Fallopian tubes were removed*; three of the ligatures did not come away for nearly seven months; recovery.
4. Miss B., age 18; ovarian dropsy, with encephaloid disease of right ovary; duration 1 year; two tapplings, and ovariectomy; death from exhaustion, 32 hours after the operation.

At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Dr. THOMAS KEITH exhibited four ovarian cysts, which he had recently removed by ovariectomy. All the operations were simple, and easily performed, and were followed by the rapid recovery of the patients. Dr. KEITH had performed ovariectomy 31 times, with the result of 22 recoveries and 9 deaths, or 29 per cent. of deaths.

GEORGE WELLMAN, of Cranston, in the *Providence Press*, forbids any physician to visit his family on professional duty, as he will pay no charges for such services, unless by special agreement!

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 4, 1865.

CRIMINAL ABORTION.

It always affords us great satisfaction to be able to record the bringing to justice of one of those infant murderers who infest society, and by whose aid and instrumentality positive *crime* is added the loss of virtue.

A few days ago one CHARLES COBELL, a noted abortionist of New York City, was tried at the Court of Sessions, before Recorder HOFFMAN, on the charge of producing an abortion, which resulted in the death of the mother. It is not our intention to reproduce here the disgusting details of the testimony. Suffice it to say that the evidence in the case was as shocking as it was conclusive against the prisoner. But the great point to which we wish to call attention, in connection with this case, is the utter inadequacy of the law, as it stands at present, to properly punish these murderers.

This man, COBELL, had once before been convicted, in 1862, of a misdemeanor in committing an abortion. The punishment then was, of course, a fine in money, which the prisoner readily paid out of the accumulated proceeds of infant murder. Abortion being an *offense* merely, not a *crime*, according to the interpretation of our present laws, what else can be expected than that Cobell and the whole murdering tribe of Cobells, should laugh at law, and continue to set it at defiance? During the three years subsequent to his first conviction, Cobell no doubt plied his dastardly trade with renewed vigor, and probably charged his victims a trifle more to make up the fine of his "misdemeanor."

At last, however, a poor girl dies in consequence of a criminal abortion produced by Cobell. The fetus is thrown into a sewer, and the victim into a dishonorable grave, while the villain stands before the bar of justice of the metropolis of New York to reap his deserts, which should be either the gallows or imprisonment for life. For we hold that of all murderers these abortionists are the *worst*, because in addition to the physical death they inflict upon their victims, they are wholesale *poisoners* of public morality and decency.

That the law is inadequate for the punishment of these abortionists and the prevention of this crime, is acknowledged in this case, by so eminent a Judge as Recorder HOFFMAN. In his charge to the jury he remarked that the case was one of

great interest. It had been prosecuted with great zeal by the district attorney, and the prisoner had been defended with signal ability by his counsel. It was not the fault of the court or the jury that the law on abortion was defective; and they were not responsible that such an act as the taking of the life of a child, under the circumstances connected with an abortion, was not murder in the first degree. They were bound to try the case according to the law and the evidence.

The jury, about twenty minutes after retiring, returned with a verdict of guilty of manslaughter in the fourth degree. The district attorney moved for immediate judgment on the prisoner. The prisoner asked that the court delay sentence for a few days. Mr. HALL objected, as he did not think the prisoner deserving any such courtesy from the court. The recorder then sentenced the prisoner to two years' imprisonment in the State prison, and alluded to the defective state legislation which made it necessary for him to award such a light punishment.

We hope that our legislatures will remedy the defects in our present laws regarding child-murder, or criminal abortion. To this end no class of men can contribute more than physicians. Let every influence be exerted to place abortion among the catalogue of the highest criminal offences, with the most severe punishment. Nothing short of this will stop a wide-spread and constantly growing social evil. And in addition, let laws be passed to suppress peremptorily by the proper authorities, all advertisements in newspapers, as *public nuisances*, of these professional abortionists.

If the *press* is under the control of men so corrupt and morally depraved, that they admit into their columns advertisements inviting directly to the *crime of murder*, it is time that the people, by their constituted authorities, protect themselves against them, as much as they do against mad dogs or other public dangers.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

The second of the series of conversational meetings of this Society, for the season, was held on Wednesday evening, the 11th of October. As stated in a former issue, *Cholera* claimed the attention of the Society. It was elegantly introduced with appropriate remarks by Dr. A. NUTTING, which embodied a complete *resumé* of the subject—entering fully into its causes, predisposing and exciting, its prevention, symptoms, nature, and treatment. An animated discussion ensued, during which the many pestiferous local-

ities in the city were freely animadverted upon, and the duties of the public authorities, especially those of the Board of Health, in times of epidemic threatenings, were critically reviewed. The subject not being exhausted at the hour of adjournment, it was agreed to meet again on Wednesday evening, the 24th of October, and Dr. GERHARD was appointed to continue the debate.

Accordingly, at the adjourned meeting, Dr. GERHARD read a brief but instructive paper, embodying an experience of more than half a century, which elicited interesting remarks from Drs. BELL, HAMILTON, BURNS, NEBINGER, and others, covering nearly everything that is known on the subject. At a late hour, the Society adjourned, after appointing Drs. BELL, NEBINGER, MAYBERRY, GERHARD, and COATES, a committee "to inquire what means ought to be adopted for the prevention of cholera, and to report at an adjourned meeting to be held on the third Wednesday evening of November."

The subject for discussion at the next regular conversational meeting, to be held on the evening of the 8th of November, is "*Displacements of the Uterus*." Dr. J. CHESTON MORRIS has been selected to read a paper on that occasion.

Notes and Comments.

The Reporter in Philadelphia.

We are happy to announce that we have at last succeeded in effecting an arrangement by which the REPORTER will, hereafter, be distributed, prepaid, through the post office, to subscribers in this city.

Biography of Dr. Stephen Smith.

We trust that none of our readers will fail to read the exceedingly instructive biographical sketch of Dr. STEPHEN SMITH in this number of the REPORTER. We would commend it especially to the younger members of the profession, and those just commencing their medical studies.

New Medical Journals.

We have received the Prospectus of the "*Savannah Journal of Medicine*," which it is proposed to revive on the first of January next, as a bi-monthly. It will be conducted under the auspices of the Medical Society of Georgia. Dr. JERIAH HARRISS, (former editor of the same journal,) and Drs. JAMES B. READ, and J. G. THOMAS are the editors. Terms, \$4 per annum.

We learn also that a new journal is to be started in Richmond, Va., in January next—the

first number to be issued sometime in December. Dr. E. C. GAILLARD, who is well and favorably known in medical literature, is at the head of the enterprise. Associated with him is Dr. MCCHESENEY, now of Staunton, Va. This journal is to be called the *Richmond Medical Journal*, and we understand is to be issued quarterly. Why not issue it *monthly*, and call it the *Virginia Medical Journal*, thus resuscitating the valuable monthly of that name formerly published in Richmond, and edited by Drs. McCAW and OTIS?

We are glad thus to announce the revival of medical periodical literature at the South, and hope that these journals will be welcomed and sustained by the profession, both North and South.

The Nation.

This valuable and interesting literary weekly is, we are glad to learn, a decided success. Our readers would do well to patronize it. It does credit to the intelligence and literary taste of our country. Price, \$6 per annum—with the REPORTER, \$5.

The Atlantic Monthly and Our Young Folks.

These works are among our most prompt and valued exchanges. The *Monthly* is the most creditable literary periodical of its class our country has produced. *Our Young Folks* is a work *sui generis*, so far as this country is concerned, and is admirably adapted to please and instruct the young. A higher religious tone in both works would, in our view, be a decided improvement.

The above magazines are published by the liberal firm of TICHNOR & FIELDS, Boston, Mass. Terms—the *Monthly* \$4; *Our Young Folks* \$2—both together \$5.

Prayer and Practice.

The archbishop of Canterbury has prepared a special form of prayer for deliverance from the cattle-plague and cholera, on which the Liverpool "*Post*" has the following very sensible comment:

"We perceive that notice is to be taken ecclesiastically of these terrible calamities, and that a special form of prayer is to be appointed in reference to them. We will not repeat any of the common-places which these public acts of humiliation have so often suggested. There is no doubt that humiliation should often enough be experienced by all of us; and the recognition of the hand of Providence in great calamities affecting the public health may have a very wholesome, as well as in some cases a very superstitious effect. The humiliation, however, most germane to the matter, would be such as would lead us to repent of the state in which we are content to keep our great towns; for whatever disputes may

exist as to the precise relations between filth and epidemics, there is a great concurrence of facts to show that the existence of noisome haunts in our midst is a perpetual source of danger. The immediate duty of all is to acquaint themselves with the facts in relation to these terrible visitations; and it will be well if an investigation of them, while inspiring the community to greater zeal in the cleansing of our populous districts, should also reassure their minds as to the probability of any very serious results occurring during the present year."

Correspondence.

DOMESTIC.

The Cholera.

EDITOR MED. AND SURGICAL REPORTER :

As any information concerning the expected cholera will be interesting at the present time, I beg leave to send you my experience of that dreadful epidemic as it occurred at Malta, in 1855. I was then doing duty at the military hospital at Valetta, the principal town of the island.

1st. The natives, who are extremely poor, very dirty, and live in crowded badly-ventilated rooms, suffered very little. Many of these natives were so poor that they subsisted on the garbage of the streets, which consists of melon rinds, apple parings, and such like substances. Those who were in better circumstances lived on the prickly pear, which is almost the only indigenous tree on the island. They drank the common Marsala wine of Sicily and iced lemonade in abundance.

On the contrary, the soldiers, (British,) who were extremely well clothed, fed, and cared for, suffered terribly.

2d. The general and naval hospitals were situated on high ground, their principal wings facing the sea wall; the wards were large and well-ventilated. Whereas, the abodes of the Maltese poor (who did not suffer) were generally in bad sultry localities, at the foot often of those terrible stairs so aptly described by Lord Byron.

3d. Cases occurred daily and nightly in camps situated as far as nine miles from the city; proving pretty clearly that dirt and over-crowded localities were not the cause of the epidemic.

It will be seen from the above facts that diet had nothing to do with the disease, and dirt and locality very little. It is very generally allowed that cholera depends on some atmospheric change whether on invisible clouds of insects, or on spores of vegetable matter floating in the air, we are still in the dark; but certain it is that it goes against the wind, (taking, as it does, always a

westerly course,) and that "the isolation of persons, or the shutting off portions of the city, or of Sandy Hook, or any other place, would do very little good," for the simple reason that nobody can tell where it is going to commence. "Sandy Hook might be the first place infected!" Like influenza, it may affect the inhabitants on one side of a street, and none on the other; Neither would going to bed for forty-eight hours do any good, although recommended by an able physician, because almost all the true cases of cholera that I have seen, have commenced without any preliminary diarrhoea, the patient being immediately and suddenly prostrated, and never rallying. I noticed this fact also during the epidemic in Liverpool, in 1848, while a student.

I do not agree with the Resident Physician, who says, "that adopting a few common rules would prevent danger." No men live so much by rule as soldiers of the regular army; but I do agree with him in recommending "composure of mind," though this would be difficult under the circumstances. Fear is, no doubt, a powerful ally of cholera. The most rapidly fatal case I ever saw, occurred to a sentry who had to do duty in the passage of the cholera ward at Valetta Hospital. He was at his post, quite well, but timid, when he asked one of the physicians on duty, as he was passing along, "Is there any danger?" The doctor told him to cheer up, but he had to be relieved, and died in two hours.

Dr. Jones, of Brooklyn, is decidedly right in what he states in regard to purifying the atmosphere. The only and best plan is to strike at the origo mali. Some means have yet to be discovered to correct either the electrical or some other vitiated state of the atmosphere. Bonfires and lime are recommended and have been used, but in order to make them efficacious, they would have to be used to such an extent as to be incompatible with human as well as insect life.

During the above described epidemic of 1855, such was the utter uselessness of any fixed plan of medical treatment, that every staff-physician was at liberty to order whatever he thought best. Dr. M., of the Royal Artillery, prescribed nothing but iced lemonade for his patients, ad libitum, and he was the most successful physician. Almost all the cases treated by brandy and opium, were subsequently affected by the secondary fever, which is often as serious an affair as the cholera itself.

H. J. PHILLIPS, M. D.,

Physician to the St. George's Society, New York—late
102d Reg. N. Y. S. Vols.

411 Fourth Avenue, New York,
Oct. 28, 1865.

News and Miscellany.

Pension Examining Surgeons.

The following appointments have been recently made:

Tennessee.—Dr. W. W. ALEXANDER, Athens; Dr. R. P. MITCHELL, Rogersville; Dr. A. A. CALDWELL, Strawberry Plains.

Illinois.—Dr. W. M. J. TRAIN, Murphysborough.

Lithophagia.

Those who fancy the coining of a new name may like the above. It has as good a claim to a place in nosology as *pyromania* or *kleptomania*, the last of which is found in Webster. We find in a Connecticut paper the result of a singular instance of monomania, that has resulted in the death of a respectable citizen:

"Through some strange aberration of mind the unfortunate man fell to eating stones and swallowing sticks of wood, instead of the wholesome food which was at his service. When these were too large to be taken conveniently, he forced them down his throat with a stick kept for the purpose. In attempting to do this on one occasion, he pierced his neck, making a frightful orifice in the external surface, which resulted in his death. A post mortem examination showed the astonishing fact that his stomach and intestines contained one stone 2½ inches long, weighing nearly two ounces; another of irregular shape 1½ inches in diameter, another an inch in diameter, a corn cob 2½ inches in length, a piece of wood four inches long, and half an inch square; another 2½ inches long, and nearly three-fourths of an inch square, and various other articles of the same character. This state of things had not seemed to affect the general health of the monomaniac, who but for his eagerness to perform still more wonderful feats in this line, might have been yet among the living. It was certainly a remarkable case of physical endurance, as well as a curious freak of a disordered mind."

Does Animal Food Conduce to Leanness?

In the section of the British Association for the advancement of science devoted to physiology, Dr. JOHN DAVY read a paper on the following subject:—"Is the opinion that a diet of animal food conduces to leanness well founded on facts?" He contended that it is a fallacy to suppose that a meat diet prevents fattening. He said:

"My opinion is, and it seems to be the received opinion of most physiologists, that a mixed animal and vegetable diet is best adapted to man's wants, as well as most suitable and pleasing to his tastes, and that the safest way to prevent obesity is to live moderately, observing the happy medium, between the two, attending the quantity rather than quality of food. As a striking example of a reduction of corpulency, I will refer to the case of a man—Thomas Hood—of whom an account has been given by Sir GEORGE BAKER, in the 'Medical Transactions' of 1767. Born in 1719, when about forty indulging in fat food three times a day, he became very fat, and suffered

from heartburn. After suffering from 1744 to 1764 he changed his diet, induced to do so from reading the life of CONARUS. He ate sparingly of animal food, took only a pint of ale daily; in 1776 he used no drink, not even water; in 1767 he gave up meat entirely, used pudding or a sea biscuit. He got in excellent health, his spirits lively, his sleep undisturbed, he could carry a quarter of a ton, he lost ten or eleven stone. For three months he lived on coarse flour, of which the sea biscuit is made, and one pint of water boiled together; later and latest on one pound of such flour boiled in a pint and a half of skimmed milk. Conarus, his great example, I may remind you, attained one hundred and one years, and from his fortieth year he restricted himself to twelve ounces of solid food and to fourteen ounces of wine, and this with the best effect. From a suffering individual he became a healthy man, and continued in excellent health to the end of his life."

Discontinuance of Quarantine.

The hospital-ship *Florence Nightingale*, which has been stationed in the Lower Bay of New York as a quarantine, in charge of Dr. THEO. WALSER, came up to the city last week, the quarantine having been discontinued at that point for the season.

Army and Navy News.

PROMOTIONS.—The following brevet promotions of medical officers of the regular army are announced:

To be Lieutenant-Colonels by brevet—

Surgeon Eugene H. Abadie, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Josiah Simpson, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon William J. Sloan, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon William S. King, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon James Simons, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Robert Murray, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Lewis A. Edwards, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Ebenezer Swift, United States Army, for gallant and meritorious services during the war, to date from March 13, 1865.

Surgeon John Campbell, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Joseph B. Brown, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Robert C. Abbott, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon David L. Magruder, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Charles Page, United States Army, for

faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Charles Sutherland, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Basil Norris, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon John Moore, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Richard H. Alexander, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Joseph R. Smith, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon James T. Ghiselin, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon John F. Randolph, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Bernard J. D. Irwin, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Bennett A. Clements, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

ASSIGNED.—Surgeon J. C. McKee, U. S. A., is hereby relieved from duty in the Department of Washington, and ordered to duty as chief medical officer at the headquarters of Brigadier-General Carleton, commanding District of New Mexico.

Assistant Surgeon, P. C. Connor U. S. A., is hereby relieved from duty in the Department of the East, and ordered to duty in the Department of North Carolina.

HONORABLY DISCHARGED.—The following Surgeons and Assistant Surgeons of Volunteers have been honorably discharged:

George W. Hogeboom, E. M. Powers, J. R. McClurg, S. E. Fuller, Howard Culbertson, J. V. Z. Blaney, John D. Teed, Daniel Stahl, Abraham McMahon, J. B. Cutts, R. S. Kenderline, G. S. Palmer, Nelson S. Drake, Samuel B. Ward, J. G. Murphy, H. K. White, George McC. Miller, Lewis Applegate, Edward P. Matlock, T. H. Turner, J. H. Bartholf, Horatio B. Buck, John Van Duyn, Thomas H. Sherwood, J. Sykes Ely, F. C. M. Petard, Corwin B. Frazer, J. Q. Adams, Henry M. Kirke, J. T. Harrison, Benjamin Tappan, Levi D. Sheets, C. L. Randall, and H. C. May.

Medical Cadets B. Dearborn, John Summers, Robert Hathaway, William O. Tyler, M. Campbell, Frank Harrison, Hugh Doherty, and W. C. Burnham.

RESIGNATIONS ACCEPTED.—Assistant Surgeon Charles A. McCall, (Brevet Major), U. S. A.; Assistant Surgeon William F. Cormick, U. S. A.

MARRIED.

BRACH—WEST.—Oct. 25, at the residence of the bride's father, by Rev. Henry J. Fox, Dr. John Beach and Miss Margaret Rebecca West, daughter of William West, all of New York.

GOHEEN—BOLLMAN.—Oct. 10th, by Rev. W. Mechlin, Dr. B. F. Goheen and Miss Nannie J., daughter of J. M. Bollman, of Goheenville, Armstrong Co., Pa.

GREEN—DAYTON.—Oct. 25, by Rev. J. M. Rogers, assisted by Rev. Dr. S. M. Hamill, of Lawrenceville, N. J., Charles G. Green of Brooklyn, N. Y., and Maria E., daughter of Dr. Alfred B. Dayton, of Mattawan, N. J.

HARDING—HILL.—At the residence of Dr. J. W. Conway, in Madison, Ind., Oct. 17th, by Rev. J. M. McRee, Myron H. Harding, M. D., of Lawrenceburg, and Mrs. Mary A. Hill, of Madison, Ind.

JAMISON—INGALLS.—At Woburn, Mass., Oct. 18, by Rev. Jonathan Edwards, of Dedham, Dr. R. Edwin Jamison, late Surgeon of Mass. 20th, and Annie R., daughter of Ezra Ingalls, all of W.

LADLAW—STEE.—In this city, Oct. 26th, by the Rev. Elias Well, Alexander H. Ladlaw, M. D. of Hudson City, N. J., and Anna T., daughter of the late George F. Stea.

MAXWELL—LAWS.—On the 19th inst., by the Rev. John Gordon Maxwell, in Delaware county, Pa., J. Gordon Maxwell, M. D. and Emma S., daughter of the late John Laws, Esq.

MOODY—BOWEN.—In Cincinnati, Ohio, Oct. 19th, at the residence of the bride, by Rev. John F. Wright, Dr. John B. Moody, of Newport, Ky., and Mrs. Mary Ann Lowen, of College Hill.

MYERS—DILKS.—On Oct. 26th, 1865, at the residence of Mr. Benjamin Heritage, by the Rev. Joseph Castle, Dr. James S. Myers and Carrie H. Dilks, both of Philadelphia.

PELPS—VICK.—In Louisville, Ky., October 18, 1865, at the residence of the bride's uncle, H. C. Pindell, Esq., by the Rev. Francis Whittle, Dr. Alonzo J. Phelps, U. S. V., and Miss Mary R., daughter of the late Henry W. and Sarah Pearce Vick, of Vicksburg, Miss.

STERNBERG—RUSSELL.—At Cooperstown, N. Y., Oct. 19, by the Rev. C. K. McHarg, assisted by the Rev. Dr. Sternberg, Dr. George M. Sternberg, U. S. Army, and M. Louise, only daughter of Robert Russell, Esq., of the former place.

DIED.

BERRY.—In Brooklyn, E. D., on Sunday, Oct. 22, Abraham J. Berry, M. D., aged 68 years.

Dr. Berry was elected first Mayor of Williamsburg, in the fall of 1851. He went to the war as Surgeon in Spinola's brigade, and his death was hastened by his arduous duties in camp and field.

BOYKIN.—Suddenly, at Perth Amboy, N. J., Oct. 24, Mrs. Fannie E., wife of Dr. T. J. Boykin, of North Carolina.

COLE.—At Donaldsonville, La., Oct. 5, 1865, Eli K. Cole, of Carmel, Putnam Co., N. Y., Acting-Assistant Surgeon in the United States Army, aged 28 years.

ROBBINS.—At the residence of their parents in Glendale Ohio, on Thursday, Oct. 19th, of diphtheria, Oliver P., aged 4 years, and Chandler O., aged 2 years, only children of Dr. S. and Elizabeth M. Robbins.

TAYLOR.—In this city, Oct. 20th, Harriet M., wife of Dr. W. T. Taylor, in her 38th year.

ANSWERS TO CORRESPONDENTS.

Dr. T. S. S., New Boston, Ill.—Jarvis' Adjuster cannot be obtained. Obstetrical Forceps, \$7.

Dr. J. L. S., Chambersburg, Pa.—Vols. I. to XII., bound, sent as directed, on the 25th.

METEOROLOGY.

October	23,	24,	25,	26,	27,	28,	29.
Wind.....	N.	N.	N. E.	E.	E.	S. W.	N. W.
Weather.....	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.
Depth Rain.....					1 in.		
Thermometer.....							
Minimum.....	35°	34°	32°	33°	36°	50°	57°
At 8 A. M.....	54	45	43	40	55	63	67
At 12 M.....	62	54	52	52	59	64	62
At 3 P. M.....	68	52	52	56	60	65	60
Mean.....	62.25	46.50	44.75	45.25	62.50	60.00	66.25
Barometer.....							
At 12 M.....	29.	30.2	30.3	30.3	30.2	29.9	30.1
Germantown, Pa.							B. J. LAMORE.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 10, Feb. 9, '61.

" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 13, Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 5, 12, 21, Dec. 27, '62, and Jan. 8, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 13, May 21, '64.

" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct. 22, 29, Nov. 6, '65.

22—We are in pressing need just now of a few copies of new subscribers, of No. 414, Feb. 4, 1865.